

# State of Indiana Advanced EMT Implementation Guide

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Advanced EMT Sub-Committee

**Lawley, Butt, Feters, Ward, Westfall**

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***This document is to be utilized as a guideline or guidance document for Training Institutions. It provides for institutions and instructors of the Advanced EMT course and the Advanced EMT Bridge course sample documents within the document and within the appendices.***

***Any material provided should serve as an example only and is not intended to replace any training institutions course policy and procedures.***

***It must be stressed that the National Education Standards must be met within the classroom and clinical settings.***

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## **Pre-course Logistical**

### ***Educational facilities/abilities***

Training Institutions who wish to teach Advanced Emergency Medical Technician Courses should apply to the Commission for certification as an Advanced Life Support Training Institution. National Accreditation is not required to be an ALS Training Institution if teaching only AEMT courses. An ALS Training Institution, however, must be CAAHEP accredited, or have a CoAEMSP Letter of Review, for a Paramedic Course. This information is available at <http://www.in.gov/dhs/3530.htm>. All course application materials must be submitted to [certcourseapps@dhs.in.gov](mailto:certcourseapps@dhs.in.gov) within a minimum of 30 days prior to the beginning of the course. Recommended materials to be submitted can be found in the “Programmatic approval” section. The Training Institution that is sponsoring/supervising the course must have Clinical Affiliation agreements in place for hospital and field clinicals, as dictated by the course taught.

### ***Student space***

When determining class size, the classroom that will be used for didactic instruction should accommodate your students comfortably. Additionally, there will need to be room/alternate location for the practicing and testing of psychomotor skills. Reference the “Clinical Affiliates” portion on page 5 as it pertains to student needs during the hospital and field clinical phases.

### ***Instructional resources/abilities***

Training must be conducted by a person certified at the AEMT level, or higher, and the course must be supervised by an Indiana Certified Primary Instructor.

### **Pre-course Planning**

#### ***Select student population***

##### EMT Basic Advanced to AEMT Bridge

All students wishing to take the EMT-BA to AEMT Bridge must currently be certified as an EMT Basic Advanced, per EMS Commission directive. Students must maintain said EMS certification status throughout the course. Applicants for the AEMT Bridge course must meet the course entrance requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments, if required.

##### EMT seeking AEMT certification

EMTs wishing to take a full AEMT course for AEMT certification must meet the course entry requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments and/or testing, if required by said Training Institution. EMTs must also meet the entry requirements according to the State EMS rules located within the Indiana Administrative Code (IAC).

#### ***Storage space***

Those wishing to teach either the AEMT Bridge or the full AEMT course must have a storage location for the equipment required for the course. Course required equipment includes audio-visual equipment as needed for classroom presentations, as well as EMS equipment required for students to successfully complete the skills in accordance to the curriculum being taught. Additionally, as outlined in the IAC, EMS course records must be maintained by the Training Institution for seven (7) years.

#### ***Sponsorship and Affiliation Agreements***

##### NREMT

For students taking the National Registry Advanced EMT written or psychomotor exam, the Training Institution must have an account approved by the National Registry. The Training Institution creates the account, said account must then be approved by the State EMS Director, and subsequently National Registry will approve the account. The National Registry psychomotor exams are scheduled on-



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line, via this account, with the National Registry. They can be contacted at (614) 888-4484 or [www.nremt.org](http://www.nremt.org). This process applies to the bridge course students, as well as the full course students.

Once a student has created their account, the Program Director will need to “approve” the individual on the Program Director’s NREMT account

## Medical Director

Training Institution Medical Director support is key for any EMS course. As with other courses, the Medical Director will sign the Report of Training, prior to course Primary Instructor submission to the State EMS Office. Additionally, Medical Director approval is required to the protocols (off-line medical direction) that the certified AEMT will use. It is recommended that the course instructor incorporate local protocols into the didactic and laboratory portions of class, as the student will be functioning within the protocols in the clinical and field portions of class.

## Clinical and Field Affiliates

When determining Clinical Affiliates, ensure that the service(s) can accommodate the number of anticipated students in the course, as well as the skills that the students will need to perform to satisfy state requirements..

## AEMT Bridge

The decision was made that AEMT Bridge students have satisfied any AEMT hospital clinical requirements, while they were completing the clinical phase for the EMT Basic Advanced Course. The Bridge student will be required to complete field clinical time, with a field affiliate of the Training Institution. The Training Institution may elect to utilize current field affiliation agreements for said course, or seek out new, additional field affiliates, depending on the needs of the students.

## Full AEMT Course

Those attending a full AEMT course will have specific field and hospital clinical requirements, as outlined by the Training Institution. Training Institutions should have a formal affiliation agreement in place with all facilities that a student will be completing clinicals.

## **Course and Curricula design**

### ***Curricula design***

Training Institutions should plan to teach AEMT students the EMS Commission approved AEMT curricula which is the National Education Standard curriculum, plus any other Indiana EMS Commission approved material.

The National Education Standards (NES) are available at for reference at <http://www.ems.gov/EducationStandards.htm>. These standards are the minimum required education components. Further details can be viewed within the Instructional Guidelines, which are available at the same address.

It is important for the Training Institution to perform a portfolio assessment of the personnel that they will be educating to determine additional information that they may wish to include in the program. Within the Indiana Administrative Code, and AEMT may not perform skills outside of their scope, or skills that they have not been educated on and demonstrated competency. If a Provider Organization, Training Institution, or community would be in need of additional skills beyond the NES, a waiver request from the EMS Commission would be required. Said waiver would be conditional upon education, need, and Commission views. It is important to consider the potential additional needs in this planning stage, so that the curricula addresses the needs of the students, Provider Organizations, Training Institution, and community.

It is key to stress that additions to the minimum NES standards for AEMT do not automatically carry over to scope of practice and field implementation. Should Provider Organizations wish to utilize additional skills taught in the classroom, but that fall outside of the current adopted scope of the AEMT, said Provider Organization is required to file a waiver request from the EMS Commission.

It is recommended that each Training Institution teaching an AEMT Bridge or full AEMT course, complete a gap analysis to guide curricula development and course planning. This analysis should address the current knowledge and skill level of the student versus the minimum NES for AEMT. The discrepancies should be addressed in detail in the course. It is recommended that the areas in which there is “no change” be addressed in review format.

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## ***Select text (s)***

An Advanced Emergency Medical Technician textbook should be utilized for this course. As each author and publisher presents material in a slightly different fashion, the Training Institution and/or Primary Instructor should select the text that would best suit student needs. A companion workbook is often used in conjunction with the textbook to assist in reinforcing material. Additional textbooks may be utilized as well (Pathophysiology, pharmacology, etc), but are not required.

## ***Grading Format-***

Cognitive Evaluation- The Training Institution and/or Primary Instructor must determine the weight of individual grades for the course, as well as minimum passing grades for course completion. An example would be the following:

Homework/classwork	15%
Quizzes	25%
Exams	60%

“Passing” grades must be determined prior to the beginning of the course. Each Training Institution may have slightly different standards, as needs vary based on community and organization. A student should demonstrate competence on each written exam. One Training Institution may determine competency is a 60% or higher, where another will say 70% or higher. Should a student not demonstrate competence (i.e. fail the exam), a written remediation plan should be in place.

It needs to be determined whether a student must maintain a cumulative average above a certain point throughout the course (e.g. minimum 80% throughout course or student is placed on probation or dismissed), or they must have a minimum score by the end of the course to have “passed.” Again, these decisions are to be made by the Training Institution in the course planning stage, and followed throughout the course.

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## Affective Evaluation-

Evaluating the affective domain is becoming increasingly popular, as well as increasingly required. The NES addressed the affective domain for all EMS educational levels. Evaluating the affective domain is required by CoAEMSP, and the National Registry has incorporated affective evaluation into the psychomotor examination at all EMS provider levels.

The affective domain can be evaluated in the didactic setting in the form of a daily grade as it relates to the student's timeliness, preparedness, and behavior. The Training Institution determines if this is a simple pass/fail, or a point system towards pass or fail. This evaluation procedure should be documented, just as in the cognitive format.

## Psychomotor Evaluation-

Evaluating the psychomotor domain is usually done in a skills or laboratory format. Within the classroom setting, there should be designated time for psychomotor practice and testing. The Training Institution determines which skills the students must demonstrate competency in, and then determine the evaluation criteria for pass or fail. Minimally, the student should demonstrate competency in all minimum required skills, according to the NES. National Registry skill sheets can be used as the evaluation tool in the classroom setting, or the Training Institution may wish to design their own form, consistent with the NES course objectives.

## Clinical Evaluation

Training Institutions should have hospital and field clinical evaluation forms for the student's preceptor to complete. This evaluation form should address the cognitive, affective, and psychomotor aspect of the clinical. Training Institutions may elect to utilize on-line clinical evaluations services (such as FISDAP), in conjunction with, or in place of, paper documentation.

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## ***Minimum Course components AEMT Bridge***

### Didactic

Course length is to be a minimum of 94 hours, didactic and skill laboratory combined. Training Institution may elect to extend the course, based upon their gap analysis and needs of EMS personnel attending the course. All of the minimum NES educational standards for the AEMT are to be addressed during the duration of the course.

### Clinical

AEMT Bridge students may be determined to have met the NES clinical requirements during their EMT Basic Advanced program. This determination is to be made by the Training Institution while performing the gap analysis.

AEMT Bridge students do not have a minimum number of hours to complete for the field clinical phase. The completion requirements are 10 ALS patient contacts, and the utilization of one new skill in the AEMT scope according to the NES.

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## ***Minimum Course components full AEMT course***

### Didactic

According to the NES, the AEMT course is competency based, not hour based. Course length is to be a minimum of 175 classroom (didactic, laboratory) clock hours beyond EMT.

### Clinical

According to the NES for AEMT, the student must minimally complete the following:

- 15 medication administrations on live patient
- 25 successful IV starts on live patients of various ages
- 20 successful ventilations on live, non-intubated patients of various ages
- Perform adequate assessment and formulate and implement a treatment plan for patients with chest pain
- Perform adequate assessment and formulate and implement a treatment plan for patients with respiratory distress
- Perform adequate assessment and formulate and implement a treatment plan for patients with altered mental status
- Demonstrate the ability to perform an adequate assessment on pediatric, adult, and geriatric patients
- Students must document team leadership in a program approved by the medical director and program director

Training Institutions may wish to assign minimum hours to be completed in a specific department, in addition to the above requirements. For the criteria that are not numerically defined, a number will be determined by the Training Institution, as it relates to the needs of the community in which the AEMT will service upon certification. Training Institutions may also elect to add additional hospital or clinical specific requirements if they so choose or determine necessary.

## ***Course Assembly***

Once all of the above aspects have been reviewed and determined, the Training Institution and/or Primary Instructor will utilize this data to determine the didactic course schedule, order of material presentation, hospital and field clinical requirements, and integration of the clinical aspect into the program.

### **Course Approval**

Upon completion of course assembly the Training Institution or Primary Instructor will submit the completed Indiana Course Application to the designated person in the State EMS Office. Additional items required to be submitted with the course application include the following:

- Course schedule with dates, times, location, instructors, and material to be taught each day
- Testing and skills practice times identified on course schedule
- Course textbook(s)
- Statement listing clinical affiliation sites
- Clinical hours, as required, by department (Field, Emergency Department, etc)
- Statement regarding ownership and storage of equipment used for class

At no time should any course begin without having received prior approval from either the State EMS Office, or the EMS Commission.

## **Pre-Course Preparations**

### ***Prepare Instructional Staff***

#### Didactic and laboratory

As referenced in the ***“Instructional resources/abilities”*** portion, the course must be supervised by a Primary Instructor, and the training must take place by persons certified or licensed at the AEMT level or higher.

Instructors for the didactic portions are to be familiar and comfortable with material being taught. Certain aspects of the AEMT course (Bridge or full) will be new for students (i.e. acid-base balance, autonomic pharmacology, etc). For optimal student success, care will be taken in selecting instructors for classes in the course, as available resources allow.

Care should be taken in the laboratory setting as well. Where Bridge students will already have IV skills, several new medication administration techniques need to be taught, demonstrated, practiced, and then evaluated for all AEMT students. Ensure there are an adequate amount of instructors for lab sessions, based on student learning needs and student population. Instructors should be proficient with classroom equipment prior to in-class instruction, demonstration, or practice.

### ***Preceptor training program***

#### Field Clinical

Both AEMT Bridge and AEMT full course students will be required to perform field clinicals, and will be in need of field preceptors. At a minimum, the field preceptor must be certified as an Indiana AEMT or higher; the Training Institution may impose additional requirement to be a field preceptor. Some Training Institutions require a preceptor to complete a preceptor application, submit a letter of intent, submit a letter of recommendation, and attend a preceptor training course. The Training Institution and/or Clinical Field Affiliate determines depth and breadth of material to be covered in said program. An example of a more thorough program may be found in the appendices. Any AEMT field preceptor must be familiar with the AEMT scope of practice, and the AEMT protocol that will be utilized during such time.



### Hospital Clinical

The Training Institution must determine which areas of the hospital setting will be most advantageous for the student to meet the minimum clinical components. Once determined, the Training Institution should implement correlating hours and locations for clinicals. Hospital clinical staff will need to be oriented to the AEMT scope of practice, along with the course completion requirements, to assist the student in successful completion of this portion of the course.

### ***Prepare course materials and resources***

#### Lesson plans

Lesson plans can be very beneficial for class-to-class organization and presentation. Where the NES outline the overall course objectives, the AEMT Instructional Guidelines provide specific, detailed information on the material that the instructor should teach, and that the student should learn. Training Institutions may elect to use prepared lesson plans from their textbook publisher, create their own lesson plan, or utilize a hybrid of both plans. The extent in which the lesson plans will be utilized should be determined by the Training Institution based upon prior educational experience.

#### In-class materials

As with any EMS course, a number of in-class materials are required for the students (handouts, homework, classwork, quizzes, exams, etc). With any new course being taught, creation of these materials results in many additional hours for the instructor. It is recommended in preparations for the course, that it be decided when homework, classwork, quizzes, and exams will be given. From this schedule, the instructor can then plan time for creation of such materials. Many of the textbooks for this course have supplemental on-line materials that provided quizzes and assignments as well. Training Institutions must verify that course materials being used meet the National Education Standards as it pertains to the Advanced EMT, in addition to any Indiana EMS Commission approved material.

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## **Conduct Course**

Courses are to be conducted following your Training Institutions policy and procedures, as well as those of the State of Indiana as well. The Primary Instructor is responsible to notify the State EMS Office of any changes to course schedule, course start date, or course completion date. State paperwork is expected to be completed in compliance with existing procedures regarding course roster, practical request form (if applicable), and Report of Training.

Students are expected to follow the prescribed guidelines of the Training Institution, and course instructors are expected to follow their prescribed guidelines as well.

### **Scheduling National Registry Psychomotor Exam**

To schedule an exam, the Training Institution must have an approved account, as outline in ***Sponsorship and Affiliation Agreements***. The Program Director is to request the exam no later than 30 days prior to the exam date. If you have previously arranged with a National Registry Exam Representative to supervise your exam, you will be able to enter that data. If you have not made arrangements for a National Registry Representative, one will be assigned to you by the National Registry.

### **Preparing for the National Registry Psychomotor Exam**

Within the National Registry Exam Coordinators Manual, available at [https://www.nremt.org/nremt/about/exam\\_coord\\_man.asp](https://www.nremt.org/nremt/about/exam_coord_man.asp), is information regarding student test procedures, anticipated time frames to assist in planning, as well as materials list for each station. The instructor that will serve as the Exam Coordinator should find all necessary information within this document, including the number of needed “patients”, evaluators, etc.

When planning for the exam, it is possible to have two stations in one room (i.e. IV therapy and IV bolus). The testing candidate would complete one station, and then begin the second station, after the examiner has read the instructions. Combining stations is sometimes necessary due to shortage of room or evaluators.

Prior to the exam, all candidates that will be testing need to have created their National Registry account. This can be done from the home page at <https://www.nremt.org> by selecting the link “Create New Account.”

### **Conducting National Registry Psychomotor Exam**

Prior to the exam, the Exam Coordinator should contact the National Registry Examination Representative to confirm the number of students testing, number of stations, and start time for the exam.

Testing candidates should be instructed to arrive early, to bring a legal form of identification to the test site, and to have their course number for paperwork purposes.

On the day of the exam, all stations are to be clearly labeled and contain the materials outlined in the National Registry Exam Coordinators Manual. The National Registry Exam Representative will notify the Exam Coordinator of any deficiencies or needs that would need to be corrected.

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## **Indiana Advanced EMT Certification**

Once the student has successfully passed the National Registry Psychomotor and Written Exams, said student National Registry account will be updated to Advanced EMT, and displaying their National Registry certification number.

Successfully certified Nationally Registered Advanced EMTs will need to print, complete the following documents:

Indiana Advanced EMT reciprocity application  
State of Indiana ALS affiliation form  
Verification of National Registry Advanced EMT certification with number

Once the documents are completed with appropriate information and signatures, the individual seeking Indiana certification must submit the completed documents to the State EMS Office at:

Indiana Department of Homeland Security  
EMS Certifications, E239, IGC-S  
302 W. Washington Street  
Indianapolis, IN 46204-2739

Certification will be processed and issued, so long as the applicant meets current state requirements.

## Appendix A- Sample form for Hospital Departments

On your Training Institute letterhead, the various departments within the hospital should be advised of the following:

- Total number of students
- Student clinical schedule for that department
- Detailed scope of practice for the students addressing both skills and medications that may be administered
- Program Director/Clinical Coordinator contact information

## Appendix B- Sample Field Preceptor Training Program

## Appendix C- Sample Clinical Evaluation Form

## Appendix D- Sample Program Evaluation From



## Appendix E- Sample Instructor/Preceptor Evaluation Form